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ABSTRACT

This paper on sexual assault defines the terms connected with sexual assault and identifies the most common situations in which sexual assault occurs. Information on the types of people who are sexual assault offenders is presented. Common myths concerning sexual assault, particularly rape, that are held in some segments of society are presented with factual information which disproves the myths. Emotional effects of sexual assault are examined and the resulting counseling issues are discussed. A review of research is presented which indicates that most sexual assaults were perpetrated by acquaintances of the victims such as relatives, dates, trusted adult friends, or even marital partners. The review found that rapes by strangers were the ones most often reported and were the most damaging in some ways to the victims both physically and emotionally. Common characteristics of men who rape are identified. The emotional effects of sexual assault are reported to be quite devastating to the victim. The problem of defining sexual assault as a crime of violence and the victim's need to deal with the sexual component during recovery is described as the main incongruity that must be integrated by helping professionals. The paper concludes with recommendations for counselors who will be working with victims of sexual assault. (46 references) (ABL)

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Sexual Assault: Victims, Emotional Effects, and
Recovery

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Faculty of the College of Education
Ohio University

In Partial Fulfillment
of the Requirements for the Degree
Master of Education

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Glenda M. Marting

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CHAPTER ONE

INTRODUCTION

Statement of Problem

Sexual assault is a crime of violence rather than one of sex. A belief of the opposite is a common misconception held by many in our society according to DiVasto, Kaufman, Rosner, Jackson, Christy, Pearson, & Burgett (1984). Sexual assault is a crime that has not been as frequently reported as other types of crimes due to social stigma related to the victims. The crimes of sexual assault have been more openly discussed in recent years now that more statistics have become available as to the frequency of reports and the number of victims seeking treatment. (Brownmiller, 1975). The problem of this study is to review the situations in which sexual assault occurs, to explore the emotional effects of sexual assault on the victims, and to develop ways a counselor might assist sexual assault victims in their recovery process.

Purpose of the Study

The subject of sexual assault has been one that the general population has found difficult to deal with due to the taboos of incest and many misconceptions about sexual abuse and rape (Walker and

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Brodsky, 1976). The purpose of this study is to find a concise way of defining sexual assault and to give information about the most common situations in which sexual assault is most likely to occur. The study will present findings about the types of people who are sexual offenders or rapists. There will be an exploration of the common myths surrounding sexual assault and an effort to present factual information about sexual assault that will show how the myths are false. The emotional effects of sexual assault will be examined and the study will attempt to consolidate treatment information that will provide professional helpers more effective strategies in counseling the victims of sexual assault.

Research Questions

The research questions this study will attempt to answer are:

How is sexual assault defined?

What are the most common situations in which sexual assault is likely to occur?

What are the types of people who commit sexual assault?

What are the myths commonly held about sexual assault, and what facts prove these myths to be

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wrong?

What are the emotional effects of sexual assault on victims?

How can a counselor facilitate effective treatment methods for sexual assault victims?

Assumptions

Factual information concerning sexual assault is needed due to a long history of myths and misunderstandings about sexual assault and its victims. (Burt, 1980). There appears to be a growing need for concise treatment strategies due to the larger number of people seeking treatment for these crimes. (Colao and Hunt, 1983).

Delimitations

The parameters within which the research has been conducted will include definitions, myths, facts, emotional effects, and counseling considerations due to the growing need for counselor awareness of these particular facets of the subject of sexual assault.

Limitations

This study is limited in its focus by not being able to offer solutions to the increasing incidence of sexual assault in our society. Solutions will have to be resolved as our society evolves into a less violent

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society and more knowledge of the connection between violence and sexual assault becomes available. One limitation was finding very recent research materials on this subject due to the explosion of writing that occurred on the subject of sexual assault during the middle 1970s and the early 1980s which is to be attributed to the emphasis during the women's movement. The subject is broad and has many ramifications beyond the scope of this paper.

Definitions of Terms

The definition of sexual assault is varied greatly according to differing sources of literature. Becker, Skinner, Abel, Howell, and Bruce, (1982) define sexual assault as "none other than an imposition of a sexual act on a woman without consent or on a child who cannot give consent." (p.106). From the victim's perspective, sexual assault can be defined as any sexual act performed against the person's will. Colao and Hunt (1983) found this should include all forms of sexual assault: anal and oral sodomy, digital penetration, or any form of sexualized physical assault.

For the purposes of this study rape will be defined as the crime of having sexual intercourse

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forcibly or against the person's will or sexual assault upon a person which could account for sexual assault of males upon males or females upon females. The wording of the previous definitions was based loosely upon the definition of rape as given in Webster's New World Dictionary: Second College Edition. Ruch and Hennessey (1982) states the legal definition of sexual abuse as a person who commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person not his or her spouse or with any person who is under fifteen years of age. This same publication gives the legal definition of incest as, "Persons who are related by blood or marriage who knowingly intermarry, commit adultery or engage in sexual intercourse." (p. 95.). The therapeutic definition of incest is the sexual abuse of a minor by either an adult related to the child by blood or by marriage, or by an adult living within the family unit and perceived by the child as a member of the family (Barden, 1981).

Rape, incest, and sexual abuse are implied when using the term "sexual assault" according to the context in which the terms are applied and according to the subject being discussed in this paper. Sexual

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conduct is legally defined by Barden as "a person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age and who is not his or her spouse".(p.5). In this context, sexual conduct means actually engaging in these behaviors or simulated behavior, such as any depicting of the genitals or rectal areas which gives the appearance of sexual conduct or incipient sexual conduct. This study will refer to assailants, rapists, perpetrators, and offenders with meanings which will change with the context of the discussion. Colao and Hunt (1983) differentiate assailant as being an aggressive attacker with intent to commit a sexual act, a rapist as a person who has committed rape, and perpetrator as someone who has committed or is guilty of a criminal offense. An offender is someone who has committed a crime. In this paper, the word assailant will be understood to be the person who has attacked while rapist will concur with the above definition. Perpetrator and offender will be used to mean types of sexual assault that may not be rape such as sexual abuse or incest.

Recovery and strategies for recovery should be

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understood by the reader as the processes the victim must work through to either return to normal functioning or to resolve certain psychological difficulties that are a result of sexual assault. (McCombie, 1980).

The Procedure

The research procedure was conducted over a period of several months beginning in early 1989 to May and June 1990. The present writer became interested in using this topic for this paper and discussed the relevance of the topic with several professors. A subject search was conducted with the ALICE computer system at Ohio University Library using the key words "rape", "incest". and "sexual assault". The same procedure was used at the Marshall University Morrow Library and the Marshall University Health and Sciences Library. Morehead University Library was also a source of some publications. All three libraries have similar computer research systyems. ERIC at the Ohio University Ironton campus provided some resources as well as a bibliography that was requested and sent from the American Association for Counseling and Development on the subject of "rape". Some books were located through the

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inter-library loan system of the Ohio Valley Association of Libraries. In addition to this research, articles were sent to me from my sister who has access to the Arizona State University Library system.

Organization of the Study

This chapter has stated the problem and purpose of this study and has stated the questions that will be considered in the scope of this study. The assumptions, delimitations, and limitations have been discussed. The terms used in sexual assault were defined and research procedures were outlined.

Chapter Two will be a review of the literature on the subjects that were addressed in the research questions. Chapter Three will analyze and interpret the research literature found during this study and will provide some comparisons of the various studies. The final chapter will summarize the information and provide conclusions on which counselors or other helping professionals can base some treatment procedures for the clients they will treat who have been victims or survivors of sexual assault.

CHAPTER TWO

REVIEW OF THE LITERATURE

This chapter will be a review of the literature and will give information found in the research formulated by the questions in Chapter One. The studies cover situations in which sexual assault can occur, the types of people who are sexual assault offenders, and the emotional effects of sexual assault including the resulting sexual dysfunctions.

Sexual Assault by Acquaintances

More than 80 percent of all rape victims know the rapist. Approximately 90 percent of all sexual assault victims under the age of twelve know the attacker at least by sight (McGurn, 1984). Many studies suggest that women are often raped by someone they know. DiVasto, Kaufman, Rosner, Jackson, Christy, Pearson, and Burgett (1984) studied over 500 adult females who had not been previously identified as victims of sexual assault. They found that 59.6 percent had been victims of some type of sexual stress ranging from the non-invasive (harassment, exposure, obscene phone calls) to invasive (fondling, attempted rape, rape). Ninety-four of the women reported they had been raped or had dealt with attempted rape.

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Seventy-one percent of the rape victims were assaulted by persons known to them, as exemplified by date rape.

Date Rape

As noted earlier, more women are raped by acquaintances than by strangers. Shotland (1985) has concluded that there are two types of date rape. The first case of date rape is the eventual outcome of a set of normal social processes wherein males who hold stereotypic attitudes about sex expect intercourse with a woman they have been dating sooner than she does. Shotland cites evidence to support the idea that males are more apt to view women as more desirous of sex than women actually are, and that males misinterpret women's friendly behavior as indicators that the women are asking for sex. These stereotypic males expect the women to play hard to get and to resist their first advances because they believe that is how women are supposed to act. Yet many women who tell these males that they do not want to have sex get raped by those men anyway. Shotland believes those men have an additional pressure to rape because they highly value sex and believe they are deprived. If the male has poor impulse control or is unable to deal with his sexual frustration, and if the

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miscommunication between the couple is not resolved; there is a great probability he will rape, and will see that rape is an inevitable development in the relationship.

Rape that occurs after the relationship has had some time to develop is different from rape that occurs on a first date. Shotland's belief is that when a woman is raped by a man on the first date, lack of communication cannot be a contributing factor. Evidence is cited to show that men who rape on first dates tend to have antisocial behavior; they probably intend from the outset to rape their date, and they may even consciously seek out women whom they believe will be easy to rape.

Many victims, after being raped by a date, take the blame, believing they should have known the man was a rapist, or that they in some way gave up control of the date situation. It was noted in a study by Shultz and Desavage (1975) that many females often believe it is their responsibility to stop sexual foreplay before the point of arousal or the males have no ability to stop themselves from completing coitus. They believed their right to change their minds or to have second thoughts were forfeited at that point, and

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consequently forced sex could not be called rape and in some cases continued to date these men.

Wilson and Durrenberger (1982) found that 39 percent of the subjects who had been raped on dates; and 12 percent of the subjects whose dates attempted to rape them, continued to date the same males after the attacks. This is another indication that females take more responsibility for the rape, as was stated in the previous paragraph.

Marital Rape

Feminist sociologist Pauline Bart (1975) reported that in her analysis of 1,070 questionnaires completed by rape victims, only four of the women had been raped by their husbands. Bart attributed this low figure to the fact that wife rape is legal in most states in the United States, so victims of wife rape were as unlikely as the law to recognize themselves as rape victims which can be attributed to historical circumstances.

Wife rape has presumably been with us as long as the institution of marriage, at least in western culture. Susan Brownmiller (1975) addresses the issue of marital rape in her history of rape in general, Against Our Will: Men, Women, and Rape.

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According to Brownmiller, the exemption of rape prosecutions granted to husbands who force their wives into acts of sexual union by physical means is as ancient as the original definition of criminal rape which was synonymous with that quaint Biblical phrase, "unlawful carnal knowledge". To our Biblical forefathers, any carnal knowledge outside the marriage contract was unlawful, and any carnal knowledge within the marriage contract was by definition, lawful. Thus, as the law evolved, the idea that a husband could be prosecuted for raping his wife was unthinkable, for the law was conceived to protect his interest and not those of his wife.

There seems to be a great reluctance to change laws condemning wife rape. One explanation for this is the matter may be too close for personal comfort for the well placed married males who make up the vast majority of the membership of American state legislatures (Russell, 1983).

Russell further maintains that wife rape is a manifestation of male sexuality which is oriented to conquest and domination, and to proving masculinity. Masculinity, unfortunately, is defined in terms of power, superiority, competitiveness, control, and

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aggression. A "real man" is supposed to get what he wants, when he wants, particularly with his wife, and even more particularly, in his sexual relations with her. This cultural attitude may account for the fact that some do not take marital rape seriously.

Marital rape is a much more serious problem than most people have realized. The fact that it remains legal in many states and countries not only perpetuates the problem, but according to Russell (1983), it probably helps cause it, because it allows men and women to believe that marital rape is somehow acceptable as opposed to rape by a stranger.

Rape by Strangers

As stated earlier, 80 percent of the victims know their assailant, but the remaining 20 percent are sexually assaulted by a stranger. (Divasto, et al., 1984). Krupnick (1980) reported among the themes which occur in the cognition of the rape victims who are raped by strangers, the following seem to be especially common:

- 1) Fear of repetition. This includes fears of a real repetition of the stressful event and fears of repetitive thoughts about it. These fears seem to be especially prominent in

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victims whose assailants have not been apprehended.

- 2) Feelings of responsibility. This is the belief, however irrational, that one has caused or failed to prevent the assault from occurring and is therefore responsible. This theme is frequently expressed in the meanings attached to victimization. Depending on the individual's personality and past history, victimization is often experienced as a punishment for independent or sexual striving.
- 3) Rage at the source of their upset. This involves anger at the person felt to be responsible. When someone is victimized, s/he usually feels a sense of outrage, and an intensification of aggressive impulses. For persons who typically direct their anger outward, rage impulses may be anticipated. For more intro-punitive individuals, feeling of responsibility may be the more likely response.
- 4) Discomfort over vulnerability. This theme, based on the ordinarily unconscious

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expectation of personal omnipotence or total control, involves worry over the failure to prevent the assault and the emotional states which follow its occurrence. This concern was expressed by one assault victim who said that it was important for her to return to work and housecleaning immediately after her attack because she felt the need to feel in control of her life again. (pp.348-349).

Williams (1984), in a study of victims reporting rape, found that the attack was more likely to be reported if the assailant broke into the victims' house, attacked the victim in their car, or attacked and or abducted the victim from a public place. Women who were raped by strangers reported more often than those raped by someone they knew. Reporting of the assault is many times the result of physical harm inflicted on the victim due to the need for medical attention.

The image of the victim of rape held not only by the public but also by victims themselves is considered to be an important factor both in the reporting of the incident and in the coping behavior of the victims (Burgess and Holstrom, 1976). Many

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victims are too intimidated to report the rape for fear of their own reputation, or due to fear that they will not be treated fairly by the judicial system. Others are so upset by the incident they will not report as a way of escaping or denying the rape occurred, and therefore do not seek treatment (McCombie, 1980).

Types of Rapists

A study conducted by Groth (1979) of 500 offenders who had been convicted of raping strangers offered the description that although there is a wide variety of individual differences among men who rape, there are certain general characteristics that men who are prone to rape appear to have in common. His overall mood is dysphoric, characterized by dull depression, underlying feelings of fear and uncertainty and an overwhelming sense of purposelessness. The roots of all these are deep-seated doubts about his adequacy and competency as a person. He lacks a sense of confidence in himself as a man in both sexual and nonsexual areas--a feeling that is often unacknowledged since he exhibits little capacity for any self-awareness.

Groth cautioned that one must realize that the

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men studied may not be typical because they are among the few who have been caught and committed. Alford and Brown (1985) found that convicted rapists were confused, conflicted, and ambivalent in their feelings toward women. The rapists demonstrated liberal attitudes toward women in general, possibly as an attempt to convince others of their innocence; and yet they were conservative and rigid in their attitudes about specific female behavior, possibly to justify that the particular victims they raped had deserved it.

Scully and Marolla (1984) found that men who admit to being rapists tend to blame their behavior on forces they believe they have no control over, such as emotional problems and their use of alcohol or drugs. They tend to make apologies as if to state that they are "nice guys" who should be forgiven. Rather than blaming their victims, they cite their unhappy childhood, marital problems, or current life stresses as reasons for loss of control. Convicted rapists who continue to deny their guilt will blame their victims, usually stating that what they have done should not be considered rape, that the victims seduced them, that their victims had not resisted enough, had

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actually enjoyed themselves, or had somehow deserved being raped. Admitted rapists reported being affected by drugs or alcohol, while deniers stated their victims had been intoxicated in an attempt to lessen the victim's credibility. This study concludes that many rapists maintain the attitude that "when sex is seen as a male entitlement, rape is no longer seen as criminal". (Scully and Marolla, 1984, p.542). To the rapist, force is seen as "merely a seductive technique".

Types of rapists defined by Cohen (1971) were identified in a study of incarcerated, repeat offenders. They seem to conform well with the anecdotal information collected from rape victims. Cohen concluded that the four major types of rapists have been identified according to their motivation: 1) rape with aggressive aim, 2) rape with a sexual aim, 3) rape with sex-aggression diffusion (sadistic type) and 4) the impulse rapist.

1. Aggressive aim. The intent of a rapist with an aggressive aim is to hurt his victim. He does not attack out of a desire to inflict pain and agony. He is typically unskilled, uneducated, and an alcohol or substance abuser, who usually acts out after a

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drinking or using episode. His anger at the victim is usually displaced anger toward some significant woman in his life, usually a wife or mother. They tend to see women as demanding, hostile, selfish, and unfaithful. Thus, they often select as their mark a woman who is active, assertive, and independent. This type strikes sporadically, infrequently, and violently. He seeks to degrade and humiliate the victim. The victim is often brutally battered or sometimes murdered afterwards.

2. Sexual aim. In rape where the intent is sexual, aggression is used only to gain sexual gratification and violence is often absent. This type is often a well-educated, white-collar worker unable to establish warm, loving relationships with women. He is timid and usually homophobic. The act of rape for him is never impulsive. It is a scene he has lived through many times in his fantasy life. He picks out his victim in advance and spends much time fantasizing about the sexual act which he performs with such great skill that the victim falls in love with him and begs him to return. This type of rapist is so low in self-esteem that the least resistance on the part of the chosen victim will cause him to leave

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her alone. Even when the victim does not resist he is often impotent and will apologize to the victim.

3. Sex-aggressive diffusion. The third type of motivation reveals the presence of a strong sadistic component. There appears to be no ability for the rapist to become sexually excited without some degree of violence being present. He perceives the struggles and protests of the victim not as a refusal but as part of her own sexual excitement. The character of this type is similar to that of the psychopath. There is usually an extensive history of nonsexual anti-social behavior, the absence of stable relationships, poor ego controls, and the absence of any guilt feelings over their behavior. The world is seen as a hostile place where one must do whatever is necessary to survive.

4. Impulse-type. The impulse rapist exhibits neither a sexual nor an aggressive impulse as a dominant motivation in the act. Various researchers consider this type of rape an expression of predatory disorder. Such diagnostic categories as amoral delinquent, or aggressive, antisocial criminal have been given to this type. He is streetwise, quick, and self-assured and usually leads a life that exploits

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other people. He is usually planning another crime such as theft, robbery, or burglary and will rape only if the opportunity presents itself (Cohen, 1971).

Blaske, Borduin, Henggeler, and Mann (1989) did a study to try to trace back the individual, family, and peer characteristics of adolescent sex offenders and assaultive offenders to see where the dynamics of such types begin. They found that assaultive offenders' family relations were characterized by rigidity and low cohesion and that their peer relations evidenced high levels of aggression.

Myths and Facts

Research indicates that 60 to 70 percent of rapes or sexual assaults are at least partially planned beforehand by the rapist according to Beneke (1982). This same study also shows that the victim is usually threatened with death or bodily harm if s/he resists. The victim of sexual assault often does not become aware of society's misinterpretation of this serious crime until the individual has been assaulted, particularly a woman. According to Brownmiller (1975), if the female victim knows her assailant, then people will believe that she made a poor judgment in associating with this kind of person, or she has

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"asked for it". This myth is that sexual assault has been provoked by the victim, i.e. women who are raped are asking for it.

Though provocation as reported by Beneke (1982) may consist of only a "gesture", the Federal Commission on Crimes of Violence as cited by Beneke, states that only 4 percent of reported sexual assaults involved precipitative behavior on the part of the victim. Most of this type of provocation consisted of nothing more than walking and dressing in a way that is defined as attractive.

Burt (1980) found that another myth that is believed, particularly by women, is that only young, beautiful women are raped; or that "bad" girls are raped. The results of this study reported that a victim of sexual assault is a victim of violence. Rapists or perpetrators of sexual assault crimes choose their victims without regard to physical appearance.

The myth that any woman could prevent rape if she really wanted to and no woman can be raped against her will again shifts the responsibility from the assailant to the victim. Research shows that in the majority of rapes, the victim is threatened with death

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if the individual resists. Sociologist Martha Burt has reported that over half of a representative sample of 598 residents of Minnesota believed that any healthy woman can resist rape (Russell, 1975). The rapist, in 87 percent of all rapes, either carries a weapon or threatens the victim with death. Roughness occurs in 29 percent of the crimes, non-brutal beatings in 25 percent, brutal beatings in 20 percent, and choking in 12 percent of all rapes. No force was used in only 15 percent of all rape cases in the research mentioned, and these instances usually involved the rape of a child (Russell, 1975).

It was found in a study of 80 rape victims in Boston that 50 percent of the women had been threatened with a weapon, another 30 percent had been manhandled, and 20 percent had been verbally threatened. The primary reaction of almost all women to the rape was fear for their lives (Hilberman, 1976). This study contradicts the myth that women enjoy being forced or are somehow asking to be raped by their behavior.

Another myth that is believed is that rape is an impulsive, uncontrollable act of sexual gratification, and most rapes are spontaneous acts of sexually

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frustrated men who cannot control themselves.

Research has shown that only 16 percent of rapes reported were spontaneous rapes where the rapist had no prior intent to commit rape (FBI, 1980).

L'Armand and Pepitone (1982) did a study where they concluded that female subjects judged rape to be more serious, victims to be more damaged, and blamed rapists more than the male subjects. The male subjects discounted the effect of rape more than the female subjects, especially when the rape was by an acquaintance. Females will identify with rape victims more and males will be less sympathetic toward women.

The FBI (1980) estimates that only 10 percent of all rape cases are reported. The myth that it is easy to prosecute rapists is often perpetuated by our legal system. Women are encouraged to report and agree to prosecution only to find themselves interrogated and harassed by defense lawyers. The additional emotional trauma of re-living the attack on the witness stand in the presence of her assailant is too overwhelming emotionally for some victims to endure. Improper or insensitive questioning and accusatory courtroom cross-examination can cause a rape victim to revert back to the crisis stage. (Brownmiller, 1975).

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FBI (1980) statistics show that only 2 percent of reported rapes are false reports, yet many people believe that women frequently cry rape as a way of getting back at a man who has made them angry. Brownmiller (1975) points out that women who report rape are often questioned by authorities such as police in a manner that makes them think they are not telling the truth. Therefore if only 2 percent of reported rapes are false reports, this is another myth that facts do not support.

Burt (1980) found that people who are more accepting of interpersonal violence and who hold adverse sexual beliefs, also are more accepting of rape myths. Her results showed that the more educated the subject, the less that subject tended to believe in rape myths. She found a negative correlation between conservative sex role stereotyping and education.

The myths surrounding rape and sexual assault have been detrimental to many victims in our society in the past as well as the present. Bart (1975) points out the fact that our cultural myths on these subjects have had deep and lasting effects on the lives of many sexual assault victims. It is important

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for all counselors to be aware of these myths and their effects on victims.

Emotional Effects of Sexual Assault

Interest in the psychological trauma of rape and sexual assault is surprisingly recent. Sutherland and Scherl (1970) were the first to describe what they considered to be normal and predictable sequences of emotional responses to sexual assault, particularly the emotional responses to rape in emotionally healthy women. They strongly recommended anticipatory guidance and counseling. By counseling they meant ventilation, reassurance, support of adaptive behavior, and education. This same study resulted in the idea that psychotherapy, the exploration and interpretation of unconscious conflicts, was not indicated unless the victim was unable to resolve issues in counseling or had important underlying psychopathology.

Rape Trauma Syndrome

Burgess and Holstrom (1974) delineated the major phases and the somatic, emotional, and behavioral symptoms of 92 adult women who were victims of forcible rape and gave the syndrome the name "rape trauma syndrome". This is described as "the acute

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phase and long-term reorganization process that occurs as a result of forcible rape or attempted forcible rape" (p. 982). This syndrome of behavioral, somatic, and psychological reaction is an acute stress reaction to a life-threatening situation. The important point of this research was to prove that rape be understood as primarily an act of violence with sex as the weapon. Thus it is not surprising that the victim experiences a syndrome with specific symptomatology as a result of the attack made upon the individual. This syndrome is usually a two-phase reaction.

The first, the acute phase, is called disorganization. This phase is described as impact reactions that occur during or immediately after the crime. The victim's personal integrity and feelings of being intact are shattered and the individual feels as though she has fallen apart. During the rape it is very common for the victim to experience a "frozen fright" which makes her unable to act or react. It can appear on the surface to be a willing compliance, but in reality they may have been afraid to assert themselves. This behavior pattern levels itself to judgmental attitudes on the part of friends, family, and the legal system and causes the victim to feel

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more guilt. Interviewed within a few hours of the rape, the women in Burgess and Holstrom's (1974) study showed two emotional styles: "the expressed style, in which feelings of fear, anger, and anxiety were shown through such behavior as crying, sobbing, smiling, restlessness, and tenseness; and the controlled style, in which feelings were masked or hidden and a calm, composed, or subdued affect was seen" (p. 982). A fairly equal number of women in the acute phase showed each style.

Somatic reactions during the acute phase might include physical trauma such as bruising or soreness, and skeletal muscle tension apparent through tension, fatigue, headaches, disruptive sleep patterns, and startle response. Gastrointestinal irritability is manifested by complaints of stomach pains, loss of appetite or nausea. Victims described feeling nauseated just thinking of the rape. Genitourinary disturbance such as vaginal discharge, itching, a burning sensation in urination, and generalized pain were common. A number of women developed chronic vaginal infections following the rape. Rectal bleeding and pain were reported by women who had been forced to have anal sex and those just described were

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among the many after effects. (Burgess and Holstrom, 1974).

As the women began to deal with the after effects of the rape, their feelings ranged from fear, humiliation, and embarrassment to anger, revenge, and self-blame. Fear of physical violence and death was the primary feeling described. Victims stated that it was not the rage that was so upsetting as much as the feeling that they would be killed as a result of the assault (Burgess and Holstrom, 1974). Self-blame was another reaction, partly due to the victim's socialization to the attitude of "blame the victim".

As the victim progresses, she will deal with each feeling separately. The victim who is not in denial is able to play back the crime, talk about it and even dream about it. She will have dreams that are really nightmares where the victim re-lives the assault but is unable to escape. As these emotions are dealt with, the nightmares shift to revenge toward the assailant or violence toward people in general or other generalized fears.

Fear and paranoia are the most difficult emotions to overcome. A woman, who has been raped, will probably feel somewhat vulnerable for the rest of her

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life. This feeling is enhanced further if the rapist has not been apprehended.

Phobias may develop in which the victim is afraid of certain places, times of day, types of people, objects, relationships, or sexes. The victim needs to express these fears because, real or imagined, she has an urgent feeling for the emotion as she enters the recoil phase.

The victim realizes during the recoil phase that she has no realistic means to vent her anger against the assailant and this creates an emotional vacuum. Some victims turn their anger outward and blame their family, friends, or police; while others turn the anger inward and blame themselves as a way of dealing with her emotions.

Once the victim starts to deal with the emotions of the recoil phase, she then moves into the reorganization phase, which Burgess and Holstrom (1974) describe as a long-term process. Various factors affect the victim's coping behavior regarding the trauma, such as ego strength, social network support, and the way people treat them as victims. This coping and reorganization process begins at different times for the individual victims.

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The reorganizational phase, according to Burgess and Holstrom, can last for months or years. The victim who is in this stage of recovery shows an increase in motor activity, especially through changing residence. Moving in order to ensure safety and to facilitate the victim's ability to function in a normal style is very common. There might also be a strong need to get away. Some women take trips to other states or countries (Burgess and Holstrom, 1974).

Changing one's telephone number to an unlisted number is another common reaction. She will usually turn to family members not normally seen daily for the emotional needs she is experiencing at this time.

It is during this phase that the victim starts to integrate the assault into her life. Knowing that she cannot block it out, the victim finds a place for the knowledge of the assault in her life experience. The victim who is at this level can deal with it in a routine manner.

Burgess and Holstrom (1985) found the concept of rape trauma syndrome to be consistent with the DSM III diagnostic criteria for post-traumatic stress disorder (PTSD), which is in the category of anxiety disorders.

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Most victims, in addition to rape trauma syndrome, must deal with feelings of loss of control and their feelings of guilt.

Loss of Control and Guilt

The victim of sexual assault often loses control not only of his or her own body, but of their very life. This sense of powerlessness seems to have the most long-lasting psychological effect for the victim if it is not resolved (Meyers, Templer and Brown, 1984). The victim knows, intellectually, that s/he had to give control over to their assailant in order to survive. S/he knows that the demands had to be endured as long as the assailant was in command. The victim, in order to survive the actual assault, may have adapted a calm and compliant attitude, though his or her mind and body really wanted to fight back.

Loss of control is intensified by operating from a fear basis. To make decisions based on a need to feel secure restricts an individual's life style. For example, a woman who has lived alone and enjoyed living alone may find this an impossible situation, especially if the attack occurred in the home. The fear response, which created an intense and immediate need for security, produces the loss of independence

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and privacy (Whiston, 1981). The victim, thinking only of feeling comfortable and safe, will allow others to make decisions on where to stay, where to go, and what modifications should be made to their previous life style. Whiston also found that the victim will initially agree with many of these suggestions and arrangements, but eventually becomes uncomfortable with this dependency and need for security, and will begin to sense a lack of control. The loss of privacy and independence gives the victim a perspective from which to judge what are comfortable and what are uncomfortable feelings of dependency and fear.

Women who need to see themselves as in control of their lives; and whose self-reliance and independence is the basis of self-esteem, may find increased feelings of dependency after being assaulted intolerable. This will be particularly true when this sense of control is brittle, unintegrated, and when it serves as a defense against powerful, underlying wishes to have someone take care of them. The intensified need, in such cases, to rely temporarily on a stronger person may be experienced as a humiliating loss of control over their lives which can

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also intensify their feelings of guilt (Krupnick, 1980).

A common guilt reaction is for a victim to think that if s/he had done something differently, the assault would not have occurred. Roehl and Gray (1984) concludes that this is a sign to the counselor that the victim is taking responsibility or blaming themselves.

Twenty-five percent of forty rape victims interviewed in a study on the effects of rape experienced feelings of self-blame. It was quite clear that none of the victims engaged in any behavior which could be interpreted as rape-precipitating behavior, and this finding was consistent with other studies (Becker, Skinner, Abel, Howell, and Bruce, 1982). The effects that have just been described, particularly self-blame, is often the cause of sexual dysfunctions in sexual assault victims.

Assault-related Sexual Dysfunctions

A recent study by Winfield, George, Swartz, and Blazer (1990) found results suggesting that sexual assault is a risk factor for a number of psychiatric disorders, but more so for some people than for others. They were unable to find a clear pattern

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relating characteristics of the assault to the risk of specific psychiatric disorders. Assault related sexual problems develop in accordance with a two-factor social learning theory with the assault situation as unconditional stimulus that evokes anxiety and fear in a victim. The sexual aspect of the assault, as well as other aspects, can become conditioned to elicit a negative reaction. This negative reaction, after the assault, can generalize to specific or all sexual situations or interactions. As a way to avoid experiencing this negative reaction in later sexual functioning, a victim may inhibit her sexual feelings or avoid sexual situations with such behavior allowing the negative response to sex to endure (Becker, et al., 1982).

Further research on negative reactions indicates that rape victims may continue to experience assault related problems for prolonged periods of time (Kilpatrick, Resnick, and Vernon, 1981). However, post-assault sexual problems appear to be particularly enduring. While depression and fear levels may dissipate somewhat, sexual problems are less susceptible to spontaneous remission.

A frequent consequence of sexual assault is the

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development of significant sexual problems, the majority of which suggest an inhibition of the psychological component of sexual responding. These problems may endure for years without the appropriate therapeutic intervention. Becker, Skinner, Abel, Axelrod and Cichon (1984) describe a time-limited behaviorally oriented Sexual Dysfunction Treatment Package (SDTP) that has proven effective in alleviating assault related sexual dysfunctions. The focus of the therapy is to assist a survivor in regaining control over her body and sexuality. The underlying premise is that experiencing graduated exposure to fear-inducing sexual situations, behaviors, and interactions, a victim is able to restructure her faulty cognitions and modify her maladaptive behavior. Components from a variety of other SDTP's (e.g. sensate focus exercises, masturbatory training and conditioning, and the use of dilators), have been incorporated into this SDTP. The treatment package additionally includes standard behavior techniques (e.g., thought stopping, behavioral rehearsal, and systematic desensitization). This treatment can be used regardless of a victim's partner status and is appropriate for heterosexual,

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bisexual, and homosexual women as well as for women without sexual partners. Either an individual or group therapy can be used, and the session is augmented by the use of exercises and assignments that the client is to perform at home.

It was found in a study of rape victims that 61 percent of the women experienced some disruption in sexual functioning immediately after the assault (Ellis, Calhoun, and Atkeson, 1980). While most of the women reported that their sexual activity had returned to normal within four to six months after the assault, up to 20 percent of the survivors continued having sexual problems as long as one year post-assault. Many women have indicated that their recovery lengths were years (Ellis, et al., 1980). Although it is difficult to determine, the longevity of assault-related sexual problems may be a function of the lack of relevant treatment resources due to the de-emphasis of the sexual component of sexual assault (Becker, et al., 1982).

A study conducted by Becker, Skinner, Abel, Axelrod, and Cichon (1984) found that sexual dysfunctional assault and incest victims were experiencing one or more of the following categories

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of sexual problems: a desire dysfunction, an arousal dysfunction, primary or secondary nonorgasmia, situational secondary nonorgasmia (e.g., when a woman could have orgasm through masturbation, but not with a partner), dyspareunia, vaginismus, fear of sex or other sexual problems such as having orgasms with less frequency or intensity, and rape flashbacks during sexual interactions.

The vast majority of sexual dysfunctions resulting from sexual assault fall into the DSM III R categorization of either fear of sex, arousal dysfunction, or desire dysfunction. Primary or secondary nonorgasmia and dyspareunia are considerably less common, with vaginismus occurring less frequently than the other symptoms. The high incidence of fear of sex, arousal dysfunction, and desire dysfunction in rape victims emphasizes that physiologic responding is interfered with as a consequence of rape and incest. The victims perceive sexual stimuli as anxiety provoking or relabel their sexual feelings as either reduced or inhibited. It is not surprising that when sexual stimuli are so labeled that significant disruption of the victim's sexual functioning is a natural consequence.

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Dysfunctional rape victims were more likely to have been assaulted by a stranger while incest victims (by definition) assaulted by a relative.

Dysfunctional victims were more likely to be verbally coerced, and penetration was achieved, particularly in dysfunctional rape victims. There seems to be no statistical difference between dysfunctional rape and incest victims in the number of sexual problems experienced. Although incest victims seem to have a significant relationship between arousal and desire dysfunctions, between fear of sex and other problems (Becker, et al., 1984).

Rape or child molestation committed by a relative is a highly anxiety producing experience for the victim and, in some cases, is life threatening. Since the offender fondles or penetrates the victim's sexual organs, it is not surprising that the victims use of their sexual organs becomes the focus for many fears following the assault. Seventy-one percent of those who are sexually dysfunctional have sexual problems as a direct consequence of the sexual assault (Becker, et al., 1984).

Summary

This chapter has reviewed literature and studies

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about situations in which sexual assault can occur such as by acquaintances, dates, marital partners, or strangers. The types of people who sexually assault others were studied and the myths and facts about sexual assault were explored. The emotional effects of sexual assault, particularly rape trauma syndrome and the loss of control and guilt that is experienced by most sexual assault victims were also examined. The last part of the chapter reviewed studies on the sexual dysfunctions that are caused by sexual assault.

The next chapter will be a discussion of the findings of the studies with some analysis and interpretations that can be useful for the final chapter that will focus on recommendations for counselors or other helping professionals who will be working with sexual assault victims in their recovery process.

CHAPTER THREE

DISCUSSION, ANALYSIS, AND INTERPRETATION

The problem and purpose of this study were explained in Chapter One where the research questions were presented that would be considered when reviewing the literature on the subject of sexual assault. The first chapter gave the definitions of the terms concerning sexual assault to be used in this study as well as the assumptions, delimitations, and the limitations. The research procedures used preceded the summary of Chapter One which also included the organization of the study to be examined in Chapter Two.

Chapter Two was a review of literature found in dealing with the presented research questions. This chapter will interpret and analyze the information found in the research literature and will give some comparisons among the various studies cited.

Sexual Assault by Acquaintances

Here the literature surprisingly gave the figure that 80 percent of all sexual assault victims know their assailant. This research concluded that nearly all invasive incidents, such as fondling, attempted rape, or rape, of sexual assault were most often

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initiated by a friend, acquaintance, or a relative. The non-invasive events, such as harassment, exposure, or obscene phone calls, were almost always perpetrated by strangers. (DiVasto, Kaufman, Rosner, Christy, Pearson, and Burgett, 1984).

The discussion considering sexual assault by acquaintances referred to "hidden victims" such as the victims of date rape, marital rape, or incest as being the least likely to report their experience to authorities. (McGurn, 1984). McGurn's study revealed this type of sexual assault to be the least reported, therefore data on this type of sexual assault is limited.

One concept left out of most research literature found in this study is the idea that one form of sexual assault can be a result of sexual harassment or "bullying". This can occur when an individual feels forced into some sort of sex act from someone who is in a position of power. This has been the focus of news stories and litigation in recent years, yet little empirical data is available on this issue. The increased awareness of this issue as a problem related to sexual assault may lead to more study.

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Date Rape

A large amount of literature is available concerning date rape. Date rape is also reported less than other forms of sexual assault. Until recently, a date rape victim was very reluctant to press charges due to the criminal justice system that seemed mostly unsympathetic. However during the past decade, thanks largely to the efforts of women's groups and an increased number of female district attorneys and judges, date rape cases have begun to be handled with more compassion. (Brownmiller, 1975)

These cases are now being handled with a more enlightened attitude toward the victim; however the statistic found in the course of this research was Wilson and Durrenberger's (1982) study that 12 percent of the subjects whose dates attempted to rape them continued to date the same males after the attack is surprising. This could be accountable by the fact that many date-rape victims blame themselves as do victims of marital rape. (Shotland, 1985)

Shotland's (1985) view that some males actually plan to rape their date on the first date is a sharp contrast to the findings as stated in the previous paragraph that many females will continue to date the

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same males after an attack. However the studies implied that those who continued to date these men were already in an established relationship as opposed to a first date.

The studies on date rape (Shotland, 1985, Shultz and Desavage, 1975, Wilson and Durrenberger, 1982) all have some important practical significance. First, it appears that people are reluctant to label these scenarios as rape, although they will admit that the male's behavior was wrong and the female had the right to expect the male to cease his advances. Given this reluctance to call the situation rape and our society's desire to prohibit such behavior, it would seem sensible to modify the rape law as many studies have suggested. Shotland's belief is that a greater number of convictions may be achieved if sexual misconduct involving intercourse were graded as to severity, with punishment matched to the grade. An increasing number of states are beginning to modify their rape laws, although the impact of these changes on the conviction rate is still in question, especially as in the cases of marital rape.

Marital Rape

The research on this subject points to the

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recognition that rape in marriage is legally acceptable in many states. However the combination of publicity surrounding a few controversial trials of husbands accused of raping their wives and the fact that marital rape is still legal in many states indicates that the problem of rape in marriage, which has long been considered a "closet crime", is finally being recognized. (Bart, 1975)

One concept that is fundamental to an understanding of marital rape is the notion of wives as property. Not only are wives commonly viewed as the property of their husbands, but more specifically, they are seen as the sexual property of their husbands. The viewing of wives as their husbands' property is part of our patriarchal heritage according to Browmiller, 1975. Marital rape is a very serious and cruel form of husbands' abuse of this power over their wives. The fundamental problem is not that husbands abuse their power, but that they have so much power in the first place. Weingourt (1985) concludes that in the matter of viewing wives as property, not everyone who has power in an unbalanced power situation abuses it, but in general, where there is power imbalance, there is abuse.

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Wife or marital rape is the most extreme form of rape by intimates, and probably differs most from rape by strangers, but both are extremely traumatic according to the data found in studies by Bart, (1975) and Brownmiller, (1975). The sense of betrayal combined with the obstacles to leaving the situation when rape occurs in marriage often causes an even stronger negative impact on the victim's other, and future intimate relationships as compared to rape perpetrated by a stranger. The data found in these studies argue strongly against the notion that marital rape is less traumatic than other forms of rape. This is a common attitude among the general population.

The first step toward reversing the attitudes that lead to marital rape is to make it illegal. It must be stripped of the stereotypic ideas and understood for what it is -- a crime. It must be recognized that the identity of the perpetrator is irrelevant to the judgement that a crime has been committed. It is illogical, inconsistent, absurd, and unjust that rape outside of marriage be recognized as a serious crime, deserving of penalties of years of incarceration; while inside a marriage, it is seen as acceptable male behavior against which a wife has no

recourse. (Russell, 1983)

Rape by Strangers

Being sexually assaulted has devastating physical and psychological effects whether or not the perpetrator is known to the victim. Certain symptoms, as found in the studies cited earlier, may be particularly intense or prolonged, if the perpetrator is a stranger, making professional help even more of a necessity in order to work through the trauma.

Krupnick's (1980) study dealt with working through the trauma and the information given was more extensive than was found in other studies that were found on this subject. The findings of Krupnick (1980), Horowitz and Haltrieder (1980), and Kilpatrick, Resnick, and Vernon (1981) all had the recurring theme that sexual assault by strangers usually activates a negative self-image and often leads to latent aggressive impulses.

Women who are uncomfortable about aggressive impulses and experience intensified feelings of rage and wishes to retaliate after a sexual assault may find that these feelings conflict with their own moral code. These victims may experience themselves as excessively angry and destructive, a self-image that

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can lead to fear and guilt. Those who have the underlying thought that they are responsible and worthy of punishment may conclude that their assault simply confirms that they are really bad and unlovable. Some women, believing that they somehow allowed their assault to happen out of their own carelessness, may view themselves as foolish or irresponsible. (Burgess and Holstrom, 1976)

Types of Rapists

It has become apparent from the studies found in this research that there is no congruence between types of people who commit sexual assault and any specific diagnostic category in the DSM III R. It appears that classic neurotic symptoms are a rarity, but all types of character neuroses, character disorders, and more severe borderline and psychotic states are represented. However in comparing the studies, it became clear that there are some specific characteristics present in sexual offenders, particularly rapists, that differentiate them from other criminals. Groth's (1979) study did find general characteristics in common whereas Cohen's (1971) study went much further by identifying four major types of rapists who were identified according

to their motivation.

Most studies found discriminate classes among rapists and regard motivation as the basis for classification. The salient point found in comparing the various studies is that all the rapists described in the various categories are clearly dangerous. Even in those instances where the aggression is minimal, each of these men has placed himself in situations with women where there is a possible threat to the life of the victim.

Myths and Facts

The victim of sexual assault often does not become aware of society's misinterpretation of this serious crime until s/he has been victimized. When the victim knows the assailant, then people will believe that s/he made a poor judgement in associating with this kind of person. This myth, according to Beneke (1982), is that sexual assault is provoked by the victim. The problem with this myth is the way it takes away the criminal blame for the perpetrators and shifts the responsibility for the crime to the victim as though s/he provoked it.

Beneke (1982), as stated in the previous chapter, found that some provocation is defined as consisting

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of merely walking and dressing in a way that is defined socially as attractive. No woman or man's behavior or dress gives a person the right to sexually assault him or her. When considering the statistics from Beneke's study that were presented in Chapter Two, it is important to note that these studies dealt with reported cases of forcible rape. The victim is more likely to report being raped by a stranger than to press charges against a friend or a relative.

In Hilberman's (1976) study, it was made clear that most rapes and sexual assaults had very dangerous weapons or physical violence involved. The fact that there is usually fear of injury or death, the loss of control over one's body, and the humiliation that a sexual assault victim undergoes makes is quite amazing that so many people still believe the preposterous myth that victims really enjoy rape or sexual assault.

The myth that rape is an impulsive, uncontrollable act of sexual gratification tends to make the victim feel responsible for the attack. (FBI, 1980) Perhaps the most damaging myth to the victim is that rape or sexual assault is a minor crime and its significance is over-exaggerated. The studies found in this research show that the emotional and physical

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effects to the victim are long-lasting. The image of the victim held not only by the public but also by victims themselves is considered to be an important factor both in the reporting of the incident and in the coping behavior of the victims. (Burt, 1980)

Guilt is felt by almost all victims of all ages under a wide variety of circumstances. This guilt should not be misunderstood to mean that the victim shares any part of the blame for these crimes.

Emotional Effects of Sexual Assault

Although incidents of both individual and mass rape and sexual assault have been recorded since Biblical times, until the development of the women's movement, mental health professionals tended to overlook the devastating effects of rape or sexual assault, both on the victim, their significant others, and society at large. Two common beliefs that Brownmiller (1975) stated were that the victim "was asking for it", whether by being sexually provocative or by acting out unconscious fantasies of rape. The second, that the trauma was minimal and resulted from execution of pre-existing conflicts. With the change in attitudes, the mental health professionals began to study and become aware of helping strategies for the

victims. (Brownmiller, 1975)

Several studies cited in Sutherland and Scherl (1970) examined the relationship between sexual assault and psychiatric disorders as well as the extent to which characteristics of the sexual assault affected these relationships. Most findings suggest that sexual assault is a risk factor for a number of psychiatric disorders but more so for some than for others. It is difficult to assess the consistency of the findings of these studies because the authors concluded that other investigators have not examined the association between specific psychiatric disorders and sexual assault in community samples.

The findings of Burgess and Holstrom (1974) and those of Sutherland and Scherl (1970) were somewhat consistent in reporting that recent sexual assault or rape victims were more likely than non-victims to meet DSM III criteria for current major depression and drug abuse diagnoses. No difference, however, was found between the groups in either generalized anxiety or alcohol abuse.

Rape Trauma Syndrome

The research by Burgess and Holstrom (1974) was the first to try to define the major phases of Rape

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Trauma Syndrome. This research describes two main phases--the acute phase and the long-term reorganization process that occurs as a result of forcible rape or attempted rape. The results of the Burgess and Holstrom study can be compared to the coping behavior of individuals in life-threatening situations "that has been documented in the work of such writers as Grinker and Spiegel (1945), Hamburg (1967), Kubler-Ross (1972), and Lindemann (1944)." Chappell, Geis, and Geis (Eds.) (1977, p. 327). Each of the above mentioned writers discussed broad sequential phases that are compatible with the psychological work that rape victims must do over time. An earlier study by Sutherland and Scherl (1970), that can be used as a comparative study, found that some victims may not feel emotions such as anger, guilt, revenge, or even a deep fear. Damage may be caused to the victim by judgmental questioning either by authorities such as the police investigating the crime or by attorneys during a trial which either implies consent or an under-reaction by them to the situation.

Anger can be either productive or harmful depending upon how it is used by the victim. It is

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necessary to recognize the victim's anger and then give them room to vent the anger. It is also important, according to Burgess and Holmstrom (1974), to allow the victim to acknowledge their hurt and be available for support and reassurance.

Most studies state that victims do not all experience the same symptoms in the same sequence which gives one reason to feel that the concept of rape trauma syndrome needs more study. What is consistent is that they will all experience an acute phase of disorganization. Very few victims report no symptoms. The study that Burgess and Holstrom (1985) did more recently found their criteria for rape trauma syndrome to be consistent with the DSM III criteria for post-traumatic stress syndrome as was noted earlier in Chapter Two.

Loss of Control and Guilt

The helping professionals who work with victims of sexual assault need to address the dynamics of loss. Feelings of loss and guilt are commonly experienced by all sexual assault victims. The victims might ask themselves, "Why me? Did I do something to bring this about?". These feelings need to be reframed and the victim reassured that s/he

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acted in the best possible way, as evidenced by the fact that the victim is alive and able to express these feelings. (Meyers, Templer, and Brown, 1984)

Regaining a sense of control is important to victims. Studies such as Calhoun, Atkeson, and Resnick (1982) point out that some victims will engage in counterphobic behavior, forcing themselves to confront feared situations. Such behavior can increase risks for further trauma unless the victim can learn to discriminate conditioned fear cues from realistically dangerous situations.

Lenox and Gannon (1983) concluded that helping the victim view the assault as a horrendous crime instead of a terrible experience will aid him or her in placing the anger, guilt, and blame associated with the assault where it belongs. This is a clarification of guilt and helps subsequently shift the blame. The recognition of responsibility will aid the victim in trying to achieve full psychological recovery.

Whiston (1981) and Krupnick (1980) had almost concurrent findings on the reactions of sexual assault victims to the feelings of loss of control by allowing someone to either protect them or make decisions for them even though these victims had previously been

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very independent or self-sufficient before the attack.

Assault-related Sexual Dysfunctions

As stated earlier, there has been a growing trend to ignore or de-emphasize the sexual component of sexual assault. As was suggested in the opening statement of Chapter One, sexual assault has become to be recognized as an act of violence. Such assaults are frequently characterized as crimes of power, anger, aggression, and degradation. It was suggested in the various studies such as the one by Ellis, Calhoun, and Atkeson (1980) that this conceptualization of sexual assault is most beneficial for the survivors of such assaults. According to this position, the post-assault adjustment of survivors is eased if they are free from having to cope with the sexual component. However, this conception of the non-sexual aspect of sexual assault, may, in fact, be an injustice to sexual assault victims, as simply ignoring a factor does not prevent it from having a significant impact.

Ample evidence exists demonstrating that sexual assaults do include a sexual component. Sexual aggressives, including rapists, pedophiles, and incest offenders, are motivated not only by aggression and

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anger, but also by sexual desires (Abel, Blanchard, Becker, and Djenderedjian, 1978). Laboratory research has demonstrated that arousal patterns of men can be identified by measuring erections in response to presentations of a variety of sexual behaviors (Abel, et al., 1978). It has been found that, while both sexual aggressives and non-aggressives obtain erections to mutually consenting intercourse, only sexual aggressives develop significant erections when presented with descriptions of rape (Abel, et al., 1978). The information given in this one study clearly demonstrates that at least one of the goals of sexual aggressives is sexual satisfaction. So it seems obvious that there is a definite sexual component that appears to be the reason for assault-related dysfunctions.

It is difficult to identify assailant characteristics responsible for why some rape victims develop sexual dysfunctions while others do not. There seems to be a trend for victims who do not develop sexual problems to have been assaulted with minimal verbal coercion and more physical coercion used by the rapist. This trend suggests that, when the attack is clearly a physical assault with minimal

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verbal threats by the offender, there is less opportunity for the victim to feel guilt for not verbalizing something in an attempt to ward off the assault. Here the offenders' behavior and the victims' possible responses more clearly defined an offender-initiated attack. Labeling the offender is probably a clear issue for the victim, and there is minimal opportunity for the victim to ruminate about her possible guilt in precipitating the attack (Sutherland and Scherl, 1970).

A second factor pertains to the actual behavior committed by the rapist. Those women who develop sexual symptoms were ones where penetration of the body was much more frequent. Those who failed to develop sexual symptoms revealed that simply feeling of the body was more common (Becker, et al., 1982). In this case, oral, vaginal and anal penetration is a much clearer violation of the victim's body and a more rigorous attack on her genital organs. Both of these factors reflect an increased intensity of assault and a clear sexual intention on the part of the assailant. Both can contribute to the severity of fears developed by the woman as demonstrated in the disruption of her sexual behavior.

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Chronic sexual dysfunctions are relatively common in rape and incest survivors. (Becker, Skinner, Abel, Axelrod, and Cichon, 1984) The passage of time following the assault does not always heal these sexual fears or the arousal or desire dysfunctions, contrary to what one might assume. Counselors treating patients with these types of assault-related dysfunctions should be particularly aware of the severity and chronicity of sexual dysfunctions of victims of sexual assault and incest.

Comparing the studies of Becker, Skinner, Abel, Howell, and Bruce (1983) with those of Ellis, Calhoun, and Atkeson (1980) will show that more than half of all sexual assault victims, particularly women, will experience some disruption in sexual functioning immediately after the assault. While most women reported that their sexual activity had returned to normal within four to six months after the assault, most of the survivors continued to have sexual problems as long as one year after the assault. It is related sexual problems which may be due to the lack of relevant treatment resources that has come about with the tendency to de-emphasize the sexual component of sexual assault.

Summary

This chapter has provided a discussion of the research literature as reviewed in Chapter Two. The relevance of the findings and observations were compared with some analysis and interpretation provided to extend the reader's insight into each subject discussed. The next chapter will summarize the study based on the findings of the literature and will give conclusions focused mainly on counseling considerations when working with victims of sexual assault.

CHAPTER FOUR

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

Summary

This paper has been a study of sexual assault by defining the terms connected with sexual assault, identifying the most common situations in which sexual assault occurs, and has presented information on the types of people who are sexual assault offenders. Common myths concerning sexual assault, particularly rape, that are held in some segments of our society were presented with factual information given to disprove the myths. The emotional effects of sexual assault were studied and the resulting problems discussed that would need to be addressed as counseling issues.

The results of the research in Chapter Two showed that most sexual assaults were perpetrated by acquaintances of the victims such as relatives, dates, trusted adult friends, or even marital partners. However it was generally found that rape by strangers were the ones most often reported and the most damaging in some ways to the victims both physically and emotionally.

The types of men who rape were studied and

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several common characteristics were found among these men as to personality characteristics and motivation. Common myths were found to be mainly the ones that in some way placed the blame for sexual assault on the victim which in turn can be responsible for the damaging emotional effects. The emotional effects of sexual assault were found to be quite devastating due to loss of control, fears concerning the life threatening situations, guilt caused by self-blame, and various sexual dysfunctions caused by dealing with the sexual component of the assault during the recovery process.

The discussion, analysis, and interpretation of the research were presented in Chapter Three. The relevance of the findings and observations were compared and interpretation provided to give the reader insight into each subject discussed. It was in this chapter that the significance between defining sexual assault as a crime of violence and the victim's necessity of dealing with the sexual component during recovery was discovered as the main incongruity that must be integrated by helping professionals.

This chapter will summarize the study by answering the research questions as delineated in the

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first chapter. The next part of this chapter will present recommendations for counselors or helping professionals who will be working with victims of sexual assault. The last part of this chapter will make recommendations for future study, give concise treatment considerations based on the various studies, and make final conclusions.

How is sexual assault defined?

The definition of sexual assault varied with the sources of the literature but a concise version of most definitions described sexual assault as any sexual act performed against the person's will which includes anal and oral sodomy, digital penetration, or any form of sexualized physical assault. Included in this definition were the types of sexual assault that included rape, incest, and sexual abuse.

What are the most common situations in which sexual assault is likely to occur?

The research revealed that most sexual assault victims know their assailants either by acquaintance, as a date, or even as a marital partner. Some victims are children who are abused or molested by relatives or trusted adults. Other victims are assaulted by relatives as in the issue of incest (McGurn, 1984).

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The research on date rape found that many female victims take the blame for losing control of the situation; and in some cases will continue to date the men who attacked them (Shotland, 1985). Obviously many sexual assaults are perpetrated by strangers which are the crimes most likely to be reported. The assaults by strangers were also found to be the situations where the victims were in the most physical danger and severe injuries most likely to occur if they survive the attack. (Williams, 1984)

What are the types of people who commit sexual assault?

The types of people who commit sexual assault were found to have some characteristics in common, and four major types of rapists were identified according to their motivation. According to Cohen (1971), they were: (1) Aggressive aim, (2) Sexual aim, (3) Sex-aggressive diffusion, and (4) Impulse type. Groth (1979) and Scully and Marolla (1984) found that the type of person who rapes is generally dysphoric in mood, in a dull depression, and has feelings of inadequacy and incompetency as a person.

What are the myths commonly held about sexual assault and what facts prove these myths to be wrong?

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Common myths concerning society's misinterpretation of sexual assault crimes and their victims were revealed to be ones that usually place blame on the victim in some manner. Almost all myths concerning sexual assault have some belief that the victim either provoked the attack or could have prevented it. The most serious myth is the one that promotes the idea that sexual assault or rape is an impulsive, uncontrollable act of sexual gratification. This same myth may also be partially responsible for the belief that it is easy to prosecute rapists when the opposite is usually true (Burt, 1980).

What are the emotional effects of sexual assault on victims?

The emotional effects of sexual assault were found to be usually quite devastating and some patterns of response were found. Rape trauma syndrome, which follows delineated phases, has been the subject of some debate concerning its validity. However more recent research by Burgess and Holstrom (1985) found rape trauma syndrome to be consistent with the DSM III diagnostic criteria for post-traumatic stress disorder.

Additional emotional effects were found in that

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most victims have great difficulty dealing with their feelings of loss of control and guilt. The guilt goes back in some ways to the societal beliefs and myths about sexual assault. The conclusion was reached that the feelings of loss of control and guilt usually result in self-blame which can cause related sexual dysfunctions (Ellis, Calhoun, and Atkeson, 1980).

How can a counselor facilitate effective treatment methods for sexual assault victims?

The most interesting result of this study was the conflict that must be resolved when sexual assault is conceived as an act of violence and not one of sex. However, the victims must deal with the sexual component in working toward recovery. The counselor's job is to try to integrate this conflict into some concise counseling considerations when treating the victims of sexual assault (Becker, Skinner, Abel, Axelrod, and Cichon, 1984).

Recommendations for Future Study

One area that could be a concentration for future research would be to study males as sexual assault victims. Most material in the research tended to focus mainly on female victims. The present writer has tried to keep the perspective that both sexes are

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sexual assault victims, but women are more often seen as victims both in studies and in society at large which is reflected in the writing of this paper.

Recommendations for Counseling

Counseling with sexual assault victims often begins as crisis intervention immediately after the assault. Regardless of the reaction the victim is exhibiting--whether it is hysterical crying or cool detachment--the most important intervention that any counselor can offer is to give the victim an opportunity to talk with a warm, supportive listener. It is important to focus on what the victim is saying and the victim's emotional and physical needs (Roehl and Gray, 1984).

Following the assault, if the victim is female and has been raped, she is usually keenly aware of societal attitudes about rape. If she senses her family will respond in ways consistent with the myths concerning sexual assault, she will probably not seek their support. In fact, the most immediate problem the victim tends to experience is not if she should report the rape or seek medical attention, instead she asks herself, "Who should I tell? How will they react?" Counselors must be aware of these societal

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attitudes and how these attitudes attach blame to the victim, weakening her ability to take advantage of a strong external support structure. This awareness on the part of the counselor enables him or her to be a more effective helper.

During the emergency stage, the victim is obviously in crisis. Regardless of how well-developed one's coping mechanisms are, rape effectively removes from any person the ability to determine events in their own lives and focuses them into a crisis situation. A severe life crisis such as rape, is so threatening to the victim that most of her coping defenses are needed to deal with the immediate aftermath of the rape. Whether she is at a hospital emergency room, crisis center, or police station, the victim is in a uniquely drastic situation. McCombie (1980) concluded that the goal of counseling during this crisis stage is helping the victim organize herself. The counselor must allow the victim to feel in control of herself without feeling alone in her situation. After establishing a supportive relationship with the victim, the counselor then makes the contacts of medical, police, and family.

At this stage in the crisis, the counselor would

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begin to direct the victim to the social supports available to her, evaluate her social network and their potential for blame or rejection (McCombie, 1980). If the victim is reacting with controlled calm, not accepting that the rape really did happen to her, then the counselor should try to help the victim look at the rape for what it is. This breaking down of the emotional wall the victim erected to protect herself can be very delicate. Meyers, Templer and Brown (1984) found that many victims feel that if they let go they will never be able to stop crying, shaking, or whatever. And it is just that, the unknown, the uncertainty as to how they will react that is the most frightening of all. The counselor must be supportive, quiet and strong, helping the victim to let go of the terror and begin to cope.

Coping not only with the rape, but also with the subsequent emotions of fear, guilt and the other problems is an arduous task. The victim's response may vary from humiliation to shock, disbelief to anger, depending on the coping strategies she has at her disposal. At this stage of the crisis, McCombie recommends that the counselor assess the victim's situation, symptoms, support, and help her make

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immediate plans for her safety and emotional well-being. The acute effects tend to dissipate as the victim begins successfully coping with these immediate decisions. Three potential support groups should be examined by the counselor, the family (parents, husband, grown children), friends and church. Victims are predicted to be more vulnerable if they lack an available support group or if the support group available to them is unsupportive (Ruch and Hennessey, 1982).

The more seriously threatening a victim views the rape, the more aggressive will be her coping mechanisms. The more unpredictable the assault, the more intense the resulting shock and prolonged denial can be. Denial is usually indicated by such statements as, "I felt like I was dreaming" or "This can't be for real". Denial at this crisis stage is a very effective way to mask feelings. If these feelings are not confronted, they can later be exhibited in psychological and physiological reactions, such as depression, nightmares, headaches, and digestive disorders which will continue even though the victim denies the source (Roehl and Gray, 1984).

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The intervention at this crisis stage was recognized by Halpern, Hicks, and Crenshaw (1978) as a two-way process: the counselor needs information from the victim and the victim needs information and empathy from the counselor. During this process the counselor will observe a variety of emotions and physical reactions from the victim such as anger and anxiety. It is important for the counselor to be knowledgeable of the procedures of the rape exam, if the victim is seen at the hospital. A compassionate counselor will be able to guide the victim through this humiliating exam, explaining each step of the procedure as a way of relieving some of the fear and anxiety the victim will be experiencing. The victim needs to know that she is in control of the situation but the counselor is there for support and as a source of information.

In summary, the following general guidelines are formulated from the various studies (Roehl & Gray, 1984, McCombie, 1980, Meyers, Templer, & Brown, 1984, Halpern, Hicks, & Crenshaw, 1978, and Burgess & Holstrom, 1976) as a way to integrate some specific counseling considerations:

- (1) The role of a counselor is to communicate to

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the sexual assault victim a willingness to listen, being careful not to give advice. Offer alternative or needed information that is sufficient for the victim to begin making their own decisions and regaining control.

(2) Ask probing questions only when necessary for the counselor's understanding of what the victim is saying. Try not to make demands on the victim as the counselor does not need to know everything. If the victim chooses not to discuss the assault, accept that as their right, but let them know that you are there should they feel the need to talk.

(3) Help the victim know that s/he did the very best they could have done under the circumstances. The counselor should emphasize the attack was not his or her fault and s/he did all that could be done. Point out to the victim that s/he survived.

(4) It is often beneficial to ask the victim what was happening before the assault and then ask what s/he did immediately afterwards. This allows the counselor to gauge the amount of guilt the victim is placing upon themselves.

(5) The counselor must shift the guilt of the victim, so that s/he directs the anger outward toward

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the offender. No one asks to be brutalized. The counselor can help the victim come to these rationalizations more quickly than the victim may be able to do on their own.

(6) The victim's social support system may need counseling also. The significant other people in the victim's life may feel rejection, guilt, or resentment. These feelings need to be brought out into the open and resolved.

(7) Finally, counselors must be conscious of their own attitudes toward rape. There are no "right" answers because what is appropriate for one person in one situation will not be for another person in different circumstances. However, there are many wrong attitudes or beliefs that can be projected to the victim if counselors are not aware of their own feelings.

Conclusion

Sexual assault is occurring at an alarming rate in our society. All counselors who work with the general population will have clients that are or will be at some time trying to resolve feelings regarding this situation. The victim-blaming myths of our society have been internalized by clients and

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counselors alike, and do affect the therapeutic relationship. Counselors who educate themselves to the victim's perspective of sexual assault will be more effective helpers in the recovery process.

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